

STATE OF CALIFORNIA  
PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 10-2000)

DOCUMENT NO.

(1) TO STATE CONTROLLER'S OFFICE:  ___ ADMIN. & DISBURSEMENTS  ___ PPSD/PAYROLL OPERATIONS  PPSD UNIT DESTINATION:  <input type="checkbox"/> PAYROLL  <input type="checkbox"/> GARNISHMENTS  <input type="checkbox"/> DISABILITY  <input type="checkbox"/> RETIREMENT  <input type="checkbox"/> W-2/Non USPS  <input type="checkbox"/> BENEFIT DEDUCTIONS  <input type="checkbox"/> MISC. DEDUCTIONS	(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER																																																																																											
				AGENCY	UNIT	CLASS	SERIAL																																																																																								
				1																																																																																											
(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:  <input type="checkbox"/> PAYMENT REQUEST  <input type="checkbox"/> RETURN WARRANT ONLY  ADJUSTMENT REQUEST  <input type="checkbox"/> SALARY <input type="checkbox"/> TIME  <input type="checkbox"/> TRANSFER OF FUNDS		PAY FREQUENCY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI MONTHLY <input type="checkbox"/> BI WEEKLY <input type="checkbox"/> INTERMITTENT		2																																																																																											
		REMARKS:																																																																																													
		DATES/HOURS ON DOCK:		<table><tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																											1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																																		
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(6)	P O S I T I O N	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY FULL	TIME WORKED			APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
		MO.	DY.	YR.	T.	MO.	YR.			STD.	DYS.	HOURS													
A.																									
PAYMENT PER SCO WARRANT REGISTER																									
B.																									
PAYMENT SHOULD BE																									
C.																									
UNDERPMT.																									

(7) FORM COMPLETED BY: ▶	TELEPHONE NUMBER AND EXTENSION (       )	I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES. <i>Payroll information correct in accordance with B/C Rule 660.</i>
(AGENCY NAME)	AUTHORIZED SIGNATURE ▶	DATE
FROM:		